FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1	9	9	6

Corporation	MENT # Name K OF FLORI	J363 4 da, inc.	16	(1)							
Principal Place	of Business		Ma	ling Address							I BIANI TIBNI IANI
% KARL G. NELSON 1512 N.E. 4TH AVE. FT. LAUDERDALE FL 33304		15	% KARL G. NELSON 1512 N.E. 4TH AVE. FT. LAUDERDALE FL 33304								
			•	. Enopumbrice re	••••			3. Date incorporated or Qualified		te of Last F	•
2. Principal Plac	ce of Business		28	Mailing Address				10/06/1986 4. FET Number		05/01/19	Applied For
1]			26	"SAME"				65-0007679			Not Applicable
Suite, Apt. #	, etc.	W / V - 1 - 1A - 2A - V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State			27	Oh. P. Chala							Required
Oity & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be
Zip	25	Country		Zip	Country 30	у		8. This corporation has liability for	intangible		
1		Address of Curr		ered Agent				10. Name and Address of New		J Agent	
		of feller moderal			81	T	Name				
NELSON, KARL G.				82	+	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
	4TH AVE.				83						
FT. LAUD	DERDALE FL 3	3304			0.3	1					
		ė.			84	Ī	City	The state of the s	E	85 Z	p Code
or registere familiar with SIGNATURE:	ed agent, or both n, and accept the	of Sections 507.05, in the State of Fice obligations of, Se	orida, Such i ection 607.0:	change was authoriz 505, Florida Statutes	es, the above- red by the corps.	00	oration's board	tion submits this statement for the put of directors. Thereby accept the app	Irpose of continent a	nanging its is registered	registered offic d agent. I am
12.		OFFICERS A	ND DIFE CT		13.	_		ADDITIONS/CHANGES TO OF	ICERS AN	ID DIRECTO	DRS IN 12
IITLE	DP			DELETE	1. ETI∏LE					Change	Addition Addition
NAME STREET ADDRESS	NELSON, K 6816 NW 28				1.2 NAME						
Offy-ST-ZIP	FT LAUDER				1.3 STREE 1.4 CITY-						
IITLE	DST	Druc I L		DELETE	2 1 TITLE	_	*ZII			Change	Addition
IAME	NELSON, S	USAN R.			2.2 NAMÉ						
STREET ADDRESS		BTH 28TH TERR	t		23 STREE	1 A	ADDRESS				
HTY-ST-ZIP	FT LAUDER	DALE FL		ED by the	2.4 GITY-		- 719				
ITLE				DELETE	3.1 111L€					☐ Change	Addition
IAME TREET ADDRESS					3 2 NAMÉ		AUDDECC				
OTTY-ST-ZIP					3.3 STREI 3.4 CITY-						
ITLE		entertier er klimitenski en tud		DELETE	4. 1 TITLE					[] Change	Addition
IAME					4.2 NAME					-	·
STREET ADDRESS					4.3 STREE	ΙA	ADDRESS				•
CITY-ST-ZIP				<u> </u>	4.4 CITY -		- ZIP	· · · · · · · · · · · · · · · · · · ·			
ITLE				DELETE	5. 1 TITLE					☐ Change	Addition
IAME					5.2 NAME		ADDRECC				
STREET ADDRESS CITY-ST-ZIP					5.3 STREE 5.4 CITY-						
ITLE				DELETE	6 1 TITLE	• •	ı - LIF	***************************************		Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	T A	ADDRESS				
CITY-ST-ZIP			P. M 1		6.4 CITY -						
certify that i oath; that I	the information in am an officer or	ndicated on this an director of the cor k 13 if changed, o	nual report poration or t	or supplemental ann the receiver or trusto chment with an add	nual report is tr se empowered	UE	e and accurat	or the exemption stated in Section 119 e and that my signature shall have the report as required by Chapter 607, F	a same leo:	al effect as :	if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

951-763-7477 Daytime Phone #